

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11706	2. Fiscal Year Covered From 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name TIMOTHY P HEAVY P.O. Box, Bldg., Room No., if any #1408 Street 134 N. LA SALLE STREET City CHICAGO State ILLINOIS ZIP Code + 4 60602	4. Name, file number, and address of labor organization. Name LOCAL NO 7, MCFO - SEIU Labor Organization File Number 011469 P.O. Box, Building and Room Number, if any #1408 Street 134 N. LA SALLE STREET City CHICAGO State ILLINOIS ZIP Code + 4 60602
5. Position in labor organization. PRESIDENT - TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Timothy P. Heavy

On

8/12/05
Date

312-372-7915

Telephone Number

Name of Person Filing TIMOTHY P. HEALY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ZNEROLING, PAUL, KAHN & WOLLY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1025 CONNECTICUT AVE. N.W.</p> <p>City WASHINGTON</p> <p>State D.C. ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Michael Wolly is NCFO, Member Counsel And his FIRM provides Legal Services To The Union.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Org. Remo of Adp. 3/9/04</p>
	<p>12.b. Amount. \$124.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

TIMOTHY P. HENRY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name FRANK M. VACCARO & ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE # 200

Street 27 Rolando Avenue

City Mount Laurel

State N.J. ZIP Code + 4 08054-1057

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name FRANK M. VACCARO ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE # 200

Street 27 Rolando Avenue

City Mount Laurel

State N.J. ZIP Code + 4 08054-1057

11.a. Nature of such dealing.

PROVIDES ACTUARIAL AND ADMINISTRATIVE CONSULTATION.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETING WHERE I AM A H&W FUND TRUSTEE

BREAKFAST MEETING 3/12/04

12.b. Amount.

\$ 32.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Timothy P. Hsiao	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Frank M Vaccaro & Associates, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite # 200</p> <p>Street 27 Roland Avenue</p> <p>City MOUNT LAUREL</p> <p>State N.J. ZIP Code + 4 08054-1057</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Frank M. Vaccaro & Associates, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite # 200</p> <p>Street 27 Roland Avenue</p> <p>City MOUNT LAUREL</p> <p>State N.J. ZIP Code + 4 08054-1057</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Actuarial and Administrative Consultation.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for Health and Welfare Fund Meetings where I am a 10% Fund Trustee.</p> <p>12/6/04 Health Plan Reimbursement</p> <p>12.b. Amount. \$ 145.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant? ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

TIMOTHY P. HEALY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name FRANK M. VACCARO & ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE # 200

Street 27 Roland Avenue

City Mount Laurel

State N.J. ZIP Code + 4 08054-1057

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Frank M. Vaccaro Associates, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE # 200

Street 27 Roland Avenue

City Mount Laurel

State N.J. ZIP Code + 4 08054-1057

11.a. Nature of such dealing.

PROVIDES ACTUARIAL AND ADMINISTRATIVE CONSULTATION.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETING WHERE I AM A H&W FUND TRUSTEE

AIRING REIMBURSEMENT 12/6/04

12.b. Amount.

\$147.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY P. HENRY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any).

Name FRANK M. VACCARO & ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE FF 200

Street 27 Roland Avenue

City Mount Laurel

State N.J. ZIP Code + 4 08054-1057

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name FRANK M. VACCARO ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE FF 200

Street 27 Roland Avenue

City Mount Laurel

State N.J. ZIP Code + 4 08054-1057

11.a. Nature of such dealing.

PROVIDES ACTUARIAL AND ADMINISTRATIVE CONSULTATION.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETING where I am a H&W FUND TRUSTEE

CAB FARE TO MEETING 12/16/04 18.50
FROM MEETING 12/17/04 18.50

12.b. Amount.

\$37.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>TIMOTHY P. HEALY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FRANK M. VACCARO & ASSOCIATES, INC.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROBANO AVENUE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>N.J.</u> ZIP Code + 4 <u>08054-1057</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name <u>FRANK M. VACCARO ASSOCIATES, INC.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE # 200</u></p> <p>Street <u>27 ROBANO AVENUE</u></p> <p>City <u>MOUNT LAUREL</u></p> <p>State <u>N.J.</u> ZIP Code + 4 <u>08054-1057</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES ACTUARIAL AND ADMINISTRATIVE CONSULTATION.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR HEALTH AND WELFARE FUND MEETING, WHERE I AM A HAW FUND TRUSTEE</u></p> <p><u>RENTAL CAR 12/7/04</u></p> <hr/> <p>12.b. Amount. <u>\$73.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing **TIMOTHY P. HEALY**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Dennis Jenkins, C.P.A.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Bldg 1200, # 1250**Street **1301 Shiloh Road**City **Kennesaw**State **GEORGIA** ZIP Code + 4 **30144**

9. Business deals with:

☒ a Labor Organization

b Trust

c Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES ACCOUNTING SERVICES.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Holiday Bonus 12/21/04

12.b. Amount.

\$ 5500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.